

LICENSING RECORD CLEARANCE REQUEST
STATE OF Michigan Department of Information Technology
 Department of Human Services
 Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> Please read the accompanying instructions before completing this form. Please type or print CLEARLY so that the information completed can be read. Mail completed form to BCAL Central office. 						LIVESCAN FINGERPRINT REQUEST											
SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)						TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING)											
CPA License Number: _____						Date Fingerprinted: _____											
Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>						Type of Picture I.D. presented: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>											
LICENSEE/APPLICANT NAME						County						LICENSE NUMBER (If assigned)					
LICENSE/APPLICATION TYPE <input type="checkbox"/> Foster Parent - AWF						<input type="checkbox"/> International Adoption <input type="checkbox"/> Adoption – Foster Child - AWA						<input type="checkbox"/> Adoption – Non-Foster Child - AWP					
THE PERSON BEING FINGERPRINTED IS: <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee						THE PERSON BEING CLEARED BY BCAL IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee):											
SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)																	
NAME (Last, First, Middle Jr., II, etc.)								SEX		BIRTH DATE				SOCIAL SECURITY NUMBER			
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV				ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))								MICHIGAN DRIVERS LICENSE NUMBER					
ADDRESS (Street Number and Name)										HOW LONG HAVE YOU LIVED IN THIS STATE?				COUNTY?		RACE	
CITY				COUNTY		STATE		ZIP CODE		PHONE NUMBER				HEIGHT		WEIGHT	
OTHER STATES RESIDED IN DURING PAST 5 YEARS																	
<ul style="list-style-type: none"> I certify that the information I have given on the form is, to the best of my ability, true and correct. The Department may perform this check at any time while I am licensed. 																	
HAVE YOU EVER: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location and Date of Conviction(s) or Substantiations:																	
SIGNATURE OF PERSON TO BE CLEARED														DATE			

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)										SECTION IV: CONVICTION CLEARANCE For BCAL Use Only									
PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES				LICENSE NUMBER						INITIALS/ CLEARANCE DATE									
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES								INITIALS/CLEARANCE DATE											
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES								INITIALS/CLEARANCE DATE											
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.																			

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
4. Live Scan Fingerprint Request is required for foster home or adoptive applicants and licensees. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	1973 PA 116	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Licensure may be denied.	